

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/28/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155286		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/12/2012	
NAME OF PROVIDER OR SUPPLIER AVALON VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 200 KINGSTON CIR LIGONIER, IN 46767			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F0000	<p>This visit was for the Investigation of Complaint IN00108437.</p> <p>Complaint IN00108437 - Substantiated. Federal/state deficiency related to the allegation cited at F514.</p> <p>Survey dates: 6/11-12/12</p> <p>Facility number: 000184 Provider number: 155286 AIM number: 100267210</p> <p>Survey team: Ellen Ruppel, RN</p> <p>Census bed type: SNF/NF: 50 Total: 50</p> <p>Census payor type: Medicare: 8 Medicaid: 31 Other: 11 Total: 50</p> <p>Sample: 3</p> <p>This deficiency also reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/13/12 by Suzanne Williams, RN</p>		F0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirement under state and federal law. Please accept this plan of correction as our credible allegation of compliance. Requesting Desk Review</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interviews and record review, the facility failed to maintain accurate records related to the documentation of medications on the Medication Administration Record (MAR) for 1 of 3 residents whose records were reviewed for accuracy in the sample of 3. Resident B</p> <p>Findings include:</p> <p>The clinical record of Resident B was reviewed, on 6/11/12 at 10:10 a.m., and indicated the resident had been admitted to the facility 2/10/12. His diagnoses included, but were not limited to: orthostatic hypotension, anemia and neuropathy.</p> <p>Review of the May 2012 MAR indicated he had been given the antibiotic Keflex</p>	F0514	<p>Requesting Desk Review1. The Medication Administration Record for Resident B has been reviewed and the record is accurate related to documentation of medications.2. All other residents had the potential to be affected. Please note that Resident B had no negative outcome and there were no other residents affected. The DNS conducted an audit of the MAR to ensure accuracy.3. The nurse has been validated on medication skills. Licensed nursing staff has been inserviced regarding medication order transcriptions by the DNS on 5-14-12. The DNS or designee will monitor the Medication records daily to ensure accurate documentaiton of medications. Nurses from oncoming shifts will second check physicians orders to ensure no transcription errors. 4. To ensure compliance, the DNS/Designee is responsible</p>	06/25/2012			

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	<p>500 mg, twice on 5/11/12. The medication was initialed as given at 6:30 a.m., and 11:30 a.m., on 5/11/12.</p> <p>Review of the physician's orders indicated no order had been written for the Keflex.</p> <p>During an interview with the Director of Nursing (DON) on 6/11/12 at 10:00 a.m., she indicated the medication had been written on the wrong MAR.</p> <p>Review of the medication error form, dated 5/14/12 and signed by LPN #9, indicated the nurse had acknowledged she had transcribed the order for Keflex on the wrong MAR.</p> <p>Review of the inservice records related to the error indicated the nurse had been validated on medication skills and nursing staff had been inserviced regarding medication order transcriptions on 5/14/12.</p> <p>This federal tag relates to Complaint IN00108437.</p> <p>3.1-50(a)(2)</p>		<p>for the completion of the MAR/TAR CQI tool weekly times 4 weeks, bi-monthly times 2 months and then quarterly until continued compliance is maintained for 2 consecutive quarters. The results of these audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance.5.</p> <p>Completion Date: 6/25/12</p>				